



NEW BEGINNINGS ENTERPRISES, INC  
COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION

Policy Number: 104.2

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Regarding: Medicaid Ineligible Targeted Case Management

Effective Date: 1.1.10

Revised Date: 11.26.12

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**Medicaid Ineligible Targeted Case Management Funding Plan**

The purpose of this policy is to establish guidelines for a funding plan that allows affiliated Targeted Case Management Providers (CSP) the access to CDDO State Aid to provide funding for individuals who are not Medicaid eligible. Individuals who have the resources to private pay will be encouraged to do so. TCM Providers affiliated with NBE who are licensed by the Community Services and Programs Commission (CSPC) and are serving one or more individuals may request and be authorized through the affiliation agreement to participate in this funding option through the addendum, Schedule A. Participation requires that the CSP:

- Accept the following rates and funding definitions.
- Acknowledges that the rates indicated may not cover the full payment for services provided. Therefore, NBE will not require the provider to serve persons under this funding plan unless agreed upon through the affiliation agreement.
- If the CSP accepts this cash payment for any individual identified in this funding plan, the CSP must agree to serve all persons who request case management services based on their admissions requirements regardless of funding availability. In other words, if a CSP accepts case management funding from this finance Plan for persons in case management, then the CSP must continue to accept new persons into case management even if State Aid dollars become unavailable.
- The CSP is expected to provide sufficient case management services to meet the need of the individual even if the time exceeds the monthly cap. Furthermore, the CSP agrees to accept the Medicaid Ineligible Targeted Case Management Payment, under this procedure, as payment in full and will **not** bill the individual and/or family for any additional charges.

**All allocations are subject to the availability of funds.**

Any individuals enrolled in the Medicaid Ineligible Targeted Case Management Funding Plan must have a current person centered support plan (updated at a minimum of annually), be entered in the BASIS system and have been determined eligible for I/DD and that eligibility is not in question.

The CDDO may withhold payment or recoup funds for any period that the CSP has billed for services on this Medicaid Ineligible Targeted Case Management Funding Plan and it has been demonstrated by the



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CDDO that services were not provided or made available during that period. CSPs may dispute such action by using CDDO policy 112.0 Dispute Resolution.

### **Procedure/Implementation**

#### **Medicaid Ineligible Targeted Case Management Payment requirements:**

Support provided to those who meet I/DD guidelines which shall consist of the following:

- assessment, development of a specific support/care plan, referral and related activities, and monitoring and follow-up. Services in these categories shall assist the person or support network to identify, develop, select, obtain, coordinate, utilize and monitor paid services and natural supports to enhance the person's independence, integration, productivity, and community inclusion consistent with the person's needs and lifestyle preferences as outlined in the person-centered support plan.

Coverage: Children and adults.

Unit: Billing time shall be tracked for each person using the same methodology as Medicaid eligible TCM. **Service utilization for this category will be capped at 10 units (2.5 hours) per person per month. There will be no process in place to allow billing of units in excess of the monthly cap.**

Criteria: Not eligible for Medicaid TCM but meets eligibility for MR/DD services.

Rate: \$10.83 per unit. One (1) unit = 15 minutes

### **Payment**

To receive payment for the **Medicaid Ineligible Case Management Payment** the service provider will be required to submit a Medicaid Ineligible Targeted Case Management Monthly Reporting Form and individual case notes. The Medicaid Ineligible Targeted Case Management Monthly Reporting Form, for the previous month, must be submitted to the CDDO by the 5<sup>th</sup> of the following month.

**Any billing submitted 30 days past due will not be paid.**

If two service providers provide the same service to an individual during the same month, the service provider who serves the majority of the month is entitled to the service payment for the whole month. If each provides services for exactly half of the month each may claim a half unit of service. This should be noted on the detailed listing submitted to the CDDO.

The CDDO will regularly review all billings for Medicaid Ineligible Targeted Case Management and all documentation forms related to such billings to assure that services were appropriately provided and services which were billed for were provided, and will take necessary and prudent action in response to any deficiencies detected in that review process.